

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

01

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

03

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		331338.52
(b) Cash on Hand at Beginning of Reporting Period	331338.52	
(c) Total Receipts (from Line 19)	130739.27	130739.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	462077.79	462077.79
7. Total Disbursements (from Line 31)	16082.26	16082.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	445995.53	445995.53
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	113027.17	113027.17
(i) Itemized (use Schedule A)	17144.89	17144.89
(ii) Unitemized	130172.06	130172.06
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	130172.06	130172.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	130172.06	130172.06
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	567.21	567.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	130739.27	130739.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	130739.27	130739.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		15000.00	15000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		1082.26	1082.26
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		16082.26	16082.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		16082.26	16082.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	130172.06	130172.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	130172.06	130172.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Gregory Schwartzman
Mailing Address 126 Mill Brook Ln

City State Zip Code
Media PA 19063-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crozer-Chester Medical Ce-
nter

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12185272

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR John Hiehle, JR
Mailing Address Crozer-Chester Medical Center
1 Medical Center Blvd

City State Zip Code
Chester PA 19013-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12185273

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Joseph Burch
Mailing Address 38 Huntington Rd SW

City State Zip Code
Rome GA 30165-8554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rome Radiology Group, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12185276

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Alfred Coren		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address Clearfield Hospital PO Box 992		Transaction ID: 12185260	
City Clearfield State PA Zip Code 16830-0992		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Clearfield Hospital Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) DR John Limbacher, II		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address Putnam Radiology PC 315 N Washington Ave Ste 209		Transaction ID: 12185266	
City Cookeville State TN Zip Code 38501-2660		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Putnam Radiology, PC Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) DR Curtis Harlow		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address St Thomas More Hospital 1338 Phay Ave		Transaction ID: 12185267	
City Canon City State CO Zip Code 81212-2302		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Red Mountain Radiology Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Howard Fleishon

Mailing Address 3690 E Camino Sin Nombre

City State Zip Code
Paradise Valley AZ 85253-5011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Radiologists LTD

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12185277

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR David Hassell

Mailing Address Radiology Associates of Mobile
6576 Airport Blvd Bldg C Ste 2

City State Zip Code
Mobile AL 36608-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12185262

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Richard Pitman

Mailing Address 4161 S Summit Ln

City State Zip Code
Columbus IN 47201-8955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12185261

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Sparks

Mailing Address 1888 Shipley Ferry Rd E

City State Zip Code
 Kingsport TN 37663-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Radiologists
Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 4 / 2 0 0 6

Transaction ID: 12185274

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Jonathan Morgan

Mailing Address 1600 Arch St Apt 719

City State Zip Code
 Philadelphia PA 19103-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
TJ Univ Hospital 1092 Main
Bld

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185299

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Octavio Choy

Mailing Address 244 Pine Creek Ave

City State Zip Code
 Fairfield CT 06824-6389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgeport Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185278

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Deborah Ancona-Schultz

Mailing Address 132 Red Sable Dr

City State Zip Code
The Woodlands TX 77380-2694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185292

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR John Barr

Mailing Address Baptist Memorial Hospital
6305 Humphreys Blvd Ste 205

City State Zip Code
Memphis TN 38120-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Hospitals

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185281

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Ronald Robinson

Mailing Address 275 Summercreek Dr

City State Zip Code
Graniteville SC 29829-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Ctr of Aiken

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185287

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Barton

Mailing Address 5046 Highway 29 S

City State Zip Code
 Colbert GA 30628-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185290

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Patricia Martin

Mailing Address 1759 Creek View Dr

City State Zip Code
 Fogelsville PA 18051-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Imaging of Lehigh Val-
ley

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185297

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Kyoung-Soo Bae

Mailing Address 2592 Bloomfield Crossing

City State Zip Code
 Bloomfield Hills MI 48304-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saratoga General Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185280

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kevin Bannon

Mailing Address 1759 Creek View Dr

City State Zip Code
 Fogelsville PA 18051-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Imaging of Lehigh
Valley

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185296

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR George Howard, III

Mailing Address Onslow Radiology
299 Doctors Dr

City State Zip Code
 Jacksonville NC 28546-6321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Onslow Radiology Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185283

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Geoffrey Ibbott

Mailing Address UT MD Anderson Cancer Ctr
1515 Holcombe Blvd Ste 547

City State Zip Code
 Houston TX 77030-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT MD Anderson Cancer Cen-
ter

Occupation
Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185291

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Gary McCord

Mailing Address 3206 Innsbruck Cir

City State Zip Code
 College Station TX 77845-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185279

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR James Tallman

Mailing Address 1054 Greymont Cir NW

City State Zip Code
 Marietta GA 30064-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 12185298

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Joseph Mersol

Mailing Address 411 Hawthorne Ave

City State Zip Code
 Oakland CA 94609-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Med Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 12185313

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Huelsman

Mailing Address Good Samaritan Hosp
375 Dixmyth Ave

City State Zip Code
Cincinnati OH 45220-2475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical X-Ray, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 12185304

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Donald Bittner

Mailing Address UPMC Northwest
100 Fairfield Dr

City State Zip Code
Seneca PA 16346-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical Centr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 12185309

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Michael Fishman

Mailing Address 7825 S Mount Angeles Rd

City State Zip Code
Port Angeles WA 98362-8358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 12185312

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Polly Hansen
 Mailing Address 220 Robledo Verde St

City State Zip Code
 San Antonio TX 78232-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M&S Imaging Associates

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 12185311

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Norman Crocker
 Mailing Address 1387 S Hametown Rd

City State Zip Code
 Copley OH 44321-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology and Imaging Ser-
 vices, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 12185305

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Denise McFadden
 Mailing Address 206 Baldwin St

City State Zip Code
 Glen Ridge NJ 07028-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Montclair Radiological As-
 sociates

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 12185306

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Gerald Otteni

Mailing Address 5604 Yorke St NW

City State Zip Code
 Concord NC 28027-5338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Radiologists, P.-
A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 12185302

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Laura Backer

Mailing Address 2930 Squalicum Pkwy Ste 101

City State Zip Code
 Bellingham WA 98225-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553211

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Nathaniel Adamson

Mailing Address 177 Diamond Ct

City State Zip Code
 Harrisonburg VA 22801-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockingham Radiologists,
Ltd.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553223

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Steven Aubel
 Mailing Address 8064 Camden Way

City State Zip Code
 Camden OH 44406-8164

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St Elizabeth Hospital

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553220

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR John Martin, JR
 Mailing Address 315 E Santa Fe Rd

City State Zip Code
 Chillicothe IL 61523-9383

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Peoria Radiology Assoc

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553215

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
 DR Peter Davis
 Mailing Address IRG
 2001 Lincoln Way Unit 19

City State Zip Code
 White Oak PA 15131-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Pittsburgh

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553205

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR W Foley

Mailing Address Froedtert Hospital East
9200 W Wisconsin Ave

City Milwaukee State WI Zip Code 53226-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Wisconsin

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR David Haas

Mailing Address Steinberg Diag Med Imaging
2950 S Maryland Pkwy

City Las Vegas State NV Zip Code 89109-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steinberg Diag Med Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553224

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR J Daniel Hanks, JR

Mailing Address Rome Radiology Group PA
1104 Martha Berry Blvd NE

City Rome State GA Zip Code 30165-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rome Radiology Group, PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553210

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Ronald King

Mailing Address 532 Rosalie Ct

City State Zip Code
 Virginia Beach VA 23462-4519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553195

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

DR Timothy McCormack

Mailing Address 17 Auburn St

City State Zip Code
 Concord NH 03301-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553225

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Douglas Sheft

Mailing Address 900 Hyde St

City State Zip Code
 San Francisco CA 94109-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Area Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 6

Transaction ID: 12553217

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Noam Littman
 Mailing Address 2166 Moonlight Ct

City State Zip Code
 Menasha WI 54952-8908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Fox Valley

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553232

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Stephen Sevigny
 Mailing Address 51 River Ridge Trl

City State Zip Code
 Ormond Beach FL 32174-4342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553242

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
 DR Steven Epner
 Mailing Address 8148 Gilman Ct

City State Zip Code
 La Jolla CA 92037-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paradise Valley Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Bartlett

Mailing Address 2001 Norwood Drive

City

Midland

State

MI

Zip Code

48640-6753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Level Radiology Assoc-
iates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553241

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Gregory Joseph

Mailing Address 2601 Sedley Rd

City

Charlotte

State

NC

Zip Code

28211-3656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenburg Radiology Ass-
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553169

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Cathleen Woomert

Mailing Address 81 Maple Ridge Rd

City

Millville

State

PA

Zip Code

17846-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553244

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Lorna Blum

Mailing Address 303 Cynwyd Rd

City State Zip Code
Bala Cynwyd PA 19004-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553167

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR Timothy E. Moore

Mailing Address Univ of Nebraska Medical Ctr
981045 Nebraska Medical Ctr

City State Zip Code
Omaha NE 68198-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Nebraska Medical
Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553160

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Edward O'Brien, JR

Mailing Address 200 Pullman Pl

City State Zip Code
Saint Louis MO 63122-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excel Imaging/Esse Health

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 12553163

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Marc Peck		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 1925 Pacific Avenue		Transaction ID: 12553165
City Atlantic City	State NJ	Zip Code 08401-6713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Atlantic City Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) DR Robert Scott		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 2471 Kremers Ln		Transaction ID: 12553238
City Villa Hills	State KY	Zip Code 41017-1164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Associates of N KY	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) DR Suzanne Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 150 W 56th St Apt 6901		Transaction ID: 12553227
City New York	State NY	Zip Code 10019-3829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Columbia University Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Karl Wolff Mailing Address 2920 Rossmere St City Colorado Springs State CO Zip Code 80919-4895 FEC ID number of contributing federal political committee. C Name of Employer Radiology & Imaging Consultants Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 01 / 18 / 2006 Transaction ID: 12206773 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) DR Mary Peterson Mailing Address 11481 Wellfleet Dr City Fort Myers State FL Zip Code 33908-4935 FEC ID number of contributing federal political committee. C Name of Employer Radiology Regional Center Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 01 / 18 / 2006 Transaction ID: 12206880 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) DR William Dockery, III Mailing Address Baylor Univ Med Ctr 3500 Gaston Ave City Dallas State TX Zip Code 75246-2096 FEC ID number of contributing federal political committee. C Name of Employer American Radiology Associates, P.A. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 18 / 2006 Transaction ID: 12206853 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Kevin Short
 Mailing Address 10326 County Road 1230

City State Zip Code
 Flint TX 75762-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tyler Radiology Associates

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206869

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Scott Miller
 Mailing Address Major Hospital
 150 W Washington St

City State Zip Code
 Shelbyville IN 46176-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer
 X-Ray Physicians of Shelbyville

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206877

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR David Butler
 Mailing Address St Lukes Hospital
 232 S Woods Mill Rd Ste 110 East

City State Zip Code
 Chesterfield MO 63017-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiation Oncology Consultants of W. C

Occupation
 Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206871

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Kevin Woolley

Mailing Address 12007 E Ida Cir

City State Zip Code
 Englewood CO 80111-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Imaging Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206868

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Ramaswami Krishnan

Mailing Address 91 Knollwood Cir

City State Zip Code
 Longmeadow MA 01106-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Diagnostic Ima-
ging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206854

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR John Harding

Mailing Address 702 Tranquility Turn

City State Zip Code
 Marlton NJ 08053-5337

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
soc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Rodibaugh

Mailing Address 1 Saint Raphael

City State Zip Code
Laguna Niguel CA 92677-2761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Jon Shanser

Mailing Address St Francis Memorial Hospital
900 Hyde St

City State Zip Code
San Francisco CA 94109-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Area Radiologists of
Medical Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206851

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Stefan Skalina

Mailing Address 19 Brookside Rd

City State Zip Code
Wallingford PA 19086-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 12206881

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR E Michael Donner, III		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address Northshore Imaging Assoc LLC PO Box 9090		Transaction ID: 12207577	
City Mandeville	State LA	Zip Code 70470-9090	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Northshore Imaging Assoc, LLC	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) DR Paul Tanner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address Mid-South Imaging & Therapeutics 6305 Humphreys Blvd Ste 205		Transaction ID: 12207573	
City Memphis	State TN	Zip Code 38120-2379	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mid-South Imaging & Therapeutics, P.A.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) DR Todd Kennell		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address 6101 S West Bay Shore Dr		Transaction ID: 12207578	
City Traverse City	State MI	Zip Code 49684-9210	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Grand Traverse Radiologists	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR M Julie Armada

Mailing Address 244 Irving Ave

City State Zip Code
 Providence RI 02906-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tollgate Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 9 / 2 0 0 6

Transaction ID: 12207574

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Alfred Shaplin

Mailing Address 910 Kimswick Manor Lane

City State Zip Code
 Ballwin MO 63011-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Radiological Group,
Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 9 / 2 0 0 6

Transaction ID: 12207572

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DR Yvonne Queralt

Mailing Address Austin Radiological Association
 10900 Stonelake Blvd Ste 100

City State Zip Code
 Austin TX 78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223345

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

6500.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Divyesh Patel

Mailing Address 1295 Smith Ave

City

Birmingham

State

MI

Zip Code

48009-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223384

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Michael Gunlock

Mailing Address 4500 Steiner Ranch Blvd Apt 1414

City

Austin

State

TX

Zip Code

78732-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223370

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Simon Trubek

Mailing Address 4108 Firstview Dr

City

Austin

State

TX

Zip Code

78731-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223338

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Gregory Connor

Mailing Address 2909 Cherry Ln

City State Zip Code
Austin TX 78703-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222699

Amount of Each Receipt this Period

1000.01

B. Full Name (Last, First, Middle Initial)

DR John Kish

Mailing Address 3608 Travis Country Circle

City State Zip Code
Austin TX 78735-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.73

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222824

Amount of Each Receipt this Period

751.73

C. Full Name (Last, First, Middle Initial)

DR Anthony Masaryk

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223317

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2751.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Connie Hsu			Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address Austin Radiological Association 10900 Stonelake Blvd Ste 250			Transaction ID: 12222821	
City Austin State TX Zip Code 78759-5873			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Austin Radiological Association		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) DR John Hogg			Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 1404 Wild Cat Holw			Transaction ID: 12222816	
City Austin State TX Zip Code 78746-3622			Amount of Each Receipt this Period 1000.01	
FEC ID number of contributing federal political committee. C				
Name of Employer Austin Radiological Associates		Occupation Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.01		
C. Full Name (Last, First, Middle Initial) DR David Goldblatt			Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address PO Box 4099			Transaction ID: 12222811	
City Austin State TX Zip Code 78765-4099			Amount of Each Receipt this Period 1000.01	
FEC ID number of contributing federal political committee. C				
Name of Employer Austin Radiological Associates		Occupation Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.01		

SUBTOTAL of Receipts This Page (optional)

3000.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Bradley Brenner

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222696

Amount of Each Receipt this Period

1000.01

B. Full Name (Last, First, Middle Initial)
DR Christopher Swanson

Mailing Address 1104 Blanco St

City State Zip Code
Austin TX 78703-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223334

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DR Russell Putnam

Mailing Address 12243 Trautwein Rd

City State Zip Code
Austin TX 78737-9365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223329

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

3000.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Ravi Jhaveri		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address Austin Radiological Assoc 10900 Stonelake Blvd Ste 100		Transaction ID: 12222822
City Austin State TX Zip Code 78759-5826	Amount of Each Receipt this Period 1000.01	
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1000.01	

B. Full Name (Last, First, Middle Initial) DR Eugene Tong		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 9801 Stonelake Blvd Apt 138		Transaction ID: 12223336
City Austin State TX Zip Code 78759-6593	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) DR Elizabeth Moorehead		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 8206 Sandalwood Cove		Transaction ID: 12223323
City Austin State TX Zip Code 78757-7522	Amount of Each Receipt this Period 1000.01	
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1000.01	

SUBTOTAL of Receipts This Page (optional)

3000.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR John Leahy Mailing Address Austin Radiological Association 10900 Stonelake Blvd Ste 100 City Austin State TX Zip Code 78759-5826 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 12222826 Amount of Each Receipt this Period 1000.01
Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.01		
B. Full Name (Last, First, Middle Initial) DR John Manning Mailing Address Austin Radiological Assoc 10900 Stonelake Blvd Ste 100 City Austin State TX Zip Code 78759-5826 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 12222832 Amount of Each Receipt this Period 1000.01
Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.01		
C. Full Name (Last, First, Middle Initial) DR F Pfeifer, II Mailing Address 9431 Bing Cherry Ln City Austin State TX Zip Code 78750-3412 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 12223326 Amount of Each Receipt this Period 1000.01
Name of Employer Austin Radiological Association Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.01		

SUBTOTAL of Receipts This Page (optional)**3000.03****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR David Gruen

Mailing Address 10 Old Field Ln

City State Zip Code
 Weston CT 06883-1324

FEC ID number of contributing federal political committee.

C

Name of Employer
Norwalk Radiology ConsultantsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223386

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Binh Truong

Mailing Address Austin Radiological Associates
PO Box 4099

City State Zip Code
 Austin TX 78765-4099

FEC ID number of contributing federal political committee.

C

Name of Employer
Austin Radiological AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223341

Amount of Each Receipt this Period

1000.01

C. Full Name (Last, First, Middle Initial)

DR Gabrielle Theriault

Mailing Address 8114 Talbot Ln

City State Zip Code
 Austin TX 78746-4913

FEC ID number of contributing federal political committee.

C

Name of Employer
Austin Radiological AssociationOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223335

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

2250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Feldman

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 100

City State Zip Code
Austin TX 78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222809

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

B. DR Ronald Broadwell

Mailing Address 6141 Stratford Way

City State Zip Code
Roanoke VA 24018-7795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis Gale Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR William Banks

Mailing Address 10909 Range View Dr

City State Zip Code
Austin TX 78730-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222690

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

2250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Anthony Trevino

Mailing Address 6802 Finklea Cove

City State Zip Code
 Austin TX 78730-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223337

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Debra Pennington

Mailing Address 2721 Bartons Bluff Ln

City State Zip Code
 Austin TX 78746-7988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223325

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

C. DR Robert Milman

Mailing Address 6409 Williams Ridge Way

City State Zip Code
 Austin TX 78731-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223322

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

3000.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Ronald Hoelscher

Mailing Address 4601 Elohi Dr

City State Zip Code
 Austin TX 78746-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222815

Amount of Each Receipt this Period

1000.01

B. Full Name (Last, First, Middle Initial)

DR Andrew Reifsnnyder

Mailing Address Austin Radiological Assoc
 10900 Stonelake Blvd Ste 100

City State Zip Code
 Austin TX 78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223330

Amount of Each Receipt this Period

1000.01

C. Full Name (Last, First, Middle Initial)

DR Marcus Lines

Mailing Address 7 Ehrlich Road

City State Zip Code
 Austin TX 78746-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222830

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

3000.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Joshua Abramowitz

Mailing Address 72 Saint Stephens School Rd

City State Zip Code
 Austin TX 78746-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222687

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Lauren Brown

Mailing Address Austin Radiological Associates
 PO Box 4099

City State Zip Code
 Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222697

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

C. DR Newell Dutton

Mailing Address 3400 Stratford Hills Lane

City State Zip Code
 Austin TX 78746-4687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222808

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

3000.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Mark McLelland

Mailing Address PO Box 4099

City State Zip Code
 Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223319

Amount of Each Receipt this Period

1000.01

B. Full Name (Last, First, Middle Initial)

DR Stephen Young

Mailing Address Austin Radiological Assoc
 PO Box 4099

City State Zip Code
 Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223344

Amount of Each Receipt this Period

1000.01

C. Full Name (Last, First, Middle Initial)

DR Mary Winsett

Mailing Address 3405 Northwood Cir

City State Zip Code
 Austin TX 78703-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223342

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

3000.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Charles Wiseman

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223343

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

B. DR Julie Timins

Mailing Address 20 Footes Ln

City State Zip Code
Morristown NJ 07960-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223385

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. DR Christopher Richards

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223371

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

2600.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Hillel Ben-Avi

Mailing Address 4501 Spanish Oak Trl

City	State	Zip Code
Austin	TX	78731-5217

FEC ID number of contributing
federal political committee.**C**Name of Employer
Austin Radiological Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	6

Transaction ID: 12222695

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

B. DR Lori BarrMailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City	State	Zip Code
Austin	TX	78759-5873

FEC ID number of contributing
federal political committee.**C**Name of Employer
Austin Radiological AssocOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	6

Transaction ID: 12222691

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

C. DR Sarah Avery

Mailing Address 3206 Glenview Ave

City	State	Zip Code
Austin	TX	78703-1445

FEC ID number of contributing
federal political committee.**C**Name of Employer
Austin Radiological Assoc-
iationOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	6

Transaction ID: 12222689

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

3000.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Aronoff

Mailing Address 9609 Tobrina Ln

City State Zip Code
 Austin TX 78759-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222688

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Chris Butschek

Mailing Address Austin Radiological Assoc
 PO Box 4099

City State Zip Code
 Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222698

Amount of Each Receipt this Period

1000.01

C. Full Name (Last, First, Middle Initial)

DR John Breckenridge

Mailing Address Abington Memorial Hospital
 1200 Old York Rd

City State Zip Code
 Abington PA 19001-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abington Memorial Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223387

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Gordon Ng

Mailing Address Kuakini Medical Center
347 N Kuakini St

City Honolulu State HI Zip Code 96817-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kuakouli Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12224053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Thomas Fletcher

Mailing Address 402 Graciosa

City Austin State TX Zip Code 78746-6442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222810

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

C. DR H Hennigan

Mailing Address 5918 Mountain Villa Dr

City Austin State TX Zip Code 78731-3753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222813

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

2250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Larry Hill		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address Austin Radiological Assoc PO Box 4099		Transaction ID: 12222814
City Austin State TX Zip Code 78765-4099	Amount of Each Receipt this Period 1000.01	
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Radiologist Aggregate Year-to-Date ▼ 1000.01	

B. Full Name (Last, First, Middle Initial) DR Barry Horowitz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 2020 Cerca Viejo Way		Transaction ID: 12222817
City Austin State TX Zip Code 78746-7384	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) DR Gregory Karnaze		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address PO Box 4099		Transaction ID: 12222823
City Austin State TX Zip Code 78765-4099	Amount of Each Receipt this Period 1000.01	
FEC ID number of contributing federal political committee. C		
Name of Employer Austin Radiological Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1000.01	

SUBTOTAL of Receipts This Page (optional)

3000.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jeffrey Lava

Mailing Address 4701 Ridge Oak Dr

City State Zip Code
 Austin TX 78731-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222825

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

B. DR David Leake

Mailing Address 1804 Shadowbrook Cir

City State Zip Code
 Round Rock TX 78681-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222829

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Michael Martin

Mailing Address Austin Radiological Assn
 PO Box 4099

City State Zip Code
 Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222833

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Curtis McClurg

Mailing Address 2607 Stratford Dr

City State Zip Code
 Austin TX 78746-4622

FEC ID number of contributing federal political committee.

C

Name of Employer
Austin Radiological AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223318

Amount of Each Receipt this Period

1000.01

B. Full Name (Last, First, Middle Initial)

DR James Moyle

Mailing Address 200 W 32nd St

City State Zip Code
 Austin TX 78705-2304

FEC ID number of contributing federal political committee.

C

Name of Employer
Austin Radiological AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223324

Amount of Each Receipt this Period

1000.01

C. Full Name (Last, First, Middle Initial)

DR Wilbert Polson

Mailing Address 2403 Camino Alto

City State Zip Code
 Austin TX 78746-2406

FEC ID number of contributing federal political committee.

C

Name of Employer
Austin Radiological AssociationOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223328

Amount of Each Receipt this Period

1000.01

SUBTOTAL of Receipts This Page (optional)

3000.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR John Ravita		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address Lexington Medical Center 2720 Sunset Blvd		Transaction ID: 12224054	
City State Zip Code West Columbia SC 29169-4810		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lexington Medical Center Radiation Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) DR Dan Richardson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 1216 Tamranae Ct		Transaction ID: 12223331	
City State Zip Code Austin TX 78746-6860		Amount of Each Receipt this Period 1000.01	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Austin Radiological Association Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.01	
C. Full Name (Last, First, Middle Initial) DR Rodney Schmidt		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 1938 Holly Hill Dr Apt 13		Transaction ID: 12223332	
City State Zip Code Austin TX 78746-7653		Amount of Each Receipt this Period 1000.01	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Austin Radiological Assoc Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.01	

SUBTOTAL of Receipts This Page (optional)

2500.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Mark Gray

Mailing Address 3007 Stratford Drive

City

Austin

State

TX

Zip Code

78746-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222812

Amount of Each Receipt this Period

1000.01

B.

Full Name (Last, First, Middle Initial)

Dr. John Edwards

Mailing Address 10900 Sontelake Blvd.
Suite #250

City

Austin

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223372

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Andrea Michel

Mailing Address 10816 Broken Brook Cove

City

Austin

State

TX

Zip Code

78726-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223321

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Gael Joan Lonergan

Mailing Address 2327 N Cuernavaca Drive Apt. B1

City State Zip Code
 Austin TX 78733-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12222831

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

B. Gunar G. Mezaraups

Mailing Address 2463 Westlake Drive

City State Zip Code
 Austin TX 78746-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 12223320

Amount of Each Receipt this Period

1000.01

Full Name (Last, First, Middle Initial)

C. DR Yiu-Kai Aaron Fu

Mailing Address 13028 7th Ave NW

City State Zip Code
 Seattle WA 98177-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 12554505

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Bynum

Mailing Address 14048 Mint Trail Dr

City

San Antonio

State

TX

Zip Code

78232-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 12554506

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Layne Clemenz

Mailing Address 725 River Rd

City

Columbia

State

SC

Zip Code

29212-8809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 12554528

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DR Robert Jaffe

Mailing Address 2 Stockade Rd

City

Warren

State

NJ

Zip Code

07059-5526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Department of Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 12554529

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Donald Cornforth

Mailing Address PO Box 2103

City State Zip Code
 Bakersfield CA 93303-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quest Imaging Medical Ass-
ociates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 12554535

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Eva Smorzaniuk

Mailing Address 5140 Long Point Farm Drive

City State Zip Code
 Oxford MD 21654-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shore Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 12554504

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Seth Hardy

Mailing Address 10 Corner Stone Dr

City State Zip Code
 Dover NH 03820-6012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seacoast Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554541

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR David Donaldson

Mailing Address 4808 105th St

City State Zip Code
 Lubbock TX 79424-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lubbock Diagnostic Radiol-
ogy, LLP

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554543

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Michael Hauk

Mailing Address 700 Lord Rd

City State Zip Code
 Fairview PA 16415-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamot Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554558

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Mark Jones

Mailing Address 35 Beech Cir

City State Zip Code
 Dyersburg TN 38024-6561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Radiology Ass-
ociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554560

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR John Legan
Mailing Address 1135 Hurricane Hill Rd

City State Zip Code
Dyersburg TN 38024-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Radiology Ass-
ociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554562

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR James Wolfe
Mailing Address Independent Radiology Assoc
PO Box 1296

City State Zip Code
Dyersburg TN 38025-1296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554563

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Thomas Thompson
Mailing Address PO Box 1296

City State Zip Code
Dyersburg TN 38025-1296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Radiology Ass-
ociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554561

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Wesley Root

Mailing Address 2868 Sandpointe Dr

City State Zip Code
 McKinleyville CA 95519-6409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554559

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Paul Klatte

Mailing Address Parma Community General Hosp
 7007 Powers Blvd

City State Zip Code
 Parma OH 44129-5437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hill & Thomas Corp.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 6

Transaction ID: 12554540

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Jessica Berliner

Mailing Address 3 Welwyn Pl

City State Zip Code
 Richmond VA 23229-8111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6

Transaction ID: 12593639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Virginia Owen
 Mailing Address 620 Bray Station Rd

City State Zip Code
 Collierville TN 38017-3266

FEC ID number of contributing federal political committee.

C

Name of Employer
Mid-South Imag & Therapeu-
ticsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6

Transaction ID: 12593618

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR William Cooley, JR
 Mailing Address Bloomington Radiology SC
 2200 Fort Jesse Rd Ste 280

City State Zip Code
 Normal IL 61761-6287

FEC ID number of contributing federal political committee.

C

Name of Employer
Bloomington Radiology SCOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6

Transaction ID: 12594132

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR James Friedland
 Mailing Address PO Box 31988

City State Zip Code
 Palm Beach Gardens FL 33420-1988

FEC ID number of contributing federal political committee.

C

Name of Employer
Palm Beach Imaging Associ-
ates, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6

Transaction ID: 12594133

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Eric Fisher			Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 1260 Greenway Ter			Transaction ID: 12593641	
City State Zip Code Elm Grove WI 53122-1605			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RWSC		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) DR Jason Shonk			Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 174 W Beaumont Rd			Transaction ID: 12716527	
City State Zip Code Columbus OH 43214-2008			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Riverside Radiology Associates, Inc.		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) DR Shane Kraske			Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 1165 Wild Prairie Dr			Transaction ID: 12716063	
City State Zip Code Iowa City IA 52246-8707			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Radiologic Medical Services, Coralvill		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Andrew Shaer
Mailing Address 704 Castlewood Drive

City State Zip Code
Dresher PA 19025-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deanes Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 12716528

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Michael DeVenny
Mailing Address 3090 Yorktown Dr

City State Zip Code
Tuscaloosa AL 35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 12716065

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Douglas Wester, JR
Mailing Address Radiology of Huntsville
2006 Franklin St SE Ste 200

City State Zip Code
Huntsville AL 35801-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Huntsville

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 12716050

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR John Lohnes, JR Mailing Address Wichita Radiological Group PA PO Box 8903 City State Zip Code Wichita KS 67208-0903 FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 01 / 30 / 2006 Transaction ID: 12716068 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Wichita Radiological Group Diagnostic Radiologist PA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		
B. Full Name (Last, First, Middle Initial) DR Bill Warren Mailing Address UWMC Box 357115 City State Zip Code Seattle WA 98195-0001 FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 01 / 30 / 2006 Transaction ID: 12716071 Amount of Each Receipt this Period 250.00
Name of Employer Occupation University of Washington Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		
C. Full Name (Last, First, Middle Initial) DR Michael Chaliff Mailing Address 195 Grogans Lake Point City State Zip Code Atlanta GA 30350-3118 FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 01 / 30 / 2006 Transaction ID: 12716052 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Diagnostic Imaging Specialists, P.A. Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR William Herrington

Mailing Address 1110 Laurel PI

City State Zip Code
 Athens GA 30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 6

Transaction ID: 12716066

Amount of Each Receipt this Period

625.00

B. Full Name (Last, First, Middle Initial)

DR William Powlis

Mailing Address Crozer Chester Medical Center
 1 Medical Center Blvd

City State Zip Code
 Chester PA 19013-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology Ltd.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 6

Transaction ID: 12716069

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

113027.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 65

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Vanguard		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		3	1		2	0	0	6														
Mailing Address PO Box 13750		Transaction ID: 12870494																					
City Philadelphia State PA Zip Code 19101		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">567.21</td> </tr> </table>		567.21																			
567.21																							
FEC ID number of contributing federal political committee. C		Interest																					
Name of Employer		Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">567.21</td> </tr> </table>		567.21																			
567.21																							

SUBTOTAL of Receipts This Page (optional)

567.21

TOTAL This Period (last page this line number only)

567.21

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Paula Hollinger For Congress

Mailing Address P.O. Box 5861

City Baltimore State MD Zip Code 21282

Purpose of Disbursement

011

Category/
Type

Candidate Name
Paula Hollinger

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 3

Transaction ID: 12554521

Date of Disbursement

01 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

011

Category/
Type

Candidate Name
William Thomas

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: H District: 22

Transaction ID: 12553320

Date of Disbursement

01 / 22 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Congressional Majority Committee

Mailing Address PO Box 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12554510

Date of Disbursement

01 / 22 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address PO Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement

011

Category/
Type

Candidate Name
Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: H District: 31

Transaction ID: 12554518

Date of Disbursement

01 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address PO Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement

011

Category/
Type

Candidate Name
Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: H District: 31

Transaction ID: 12554519

Date of Disbursement

01 / 27 / 2006

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 12870585

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	6

Amount of Each Disbursement this Period

1082.26

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

1082.26

TOTAL This Period (last page this line number only)

1082.26